FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transfit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and imany event within 72 hours after death. TO DEPUTY 40 VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

14410 MEDI	CAL EXAMINER'S	CERTIFICA	TE OF DEATH	14363
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	MAR)	(If outside corporete limits, write RI	talbot
d. NAME OF HOSPITAL OR INSTITUTION (IF I	ot in hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ron 4/d	Middle D	Pabes	4. DATE Month OF DEATH /2	20 1960
MA/e = COI	WIDOWED DIVORCED	5-13- 51	-360 4 VII.	UNDER 1 YEAR IF UNDER 24 HRS. Onths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	1Db. KIND OF BUSINESS OR INDUSTR	MARS		12. CITIZEN OF WHAT COUNTRY?
Charles bab	,e5	MARCE	11A Rober	45
15. WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unkown) (Ifyesgivewerordelesofserv	(ice)	Novelle	Bobes St	muhals!
PART 1. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	A Sphy Mater	in		ONSET AND DEATH
Conditions, if eny, which gever lise to immediate cause	Home bur	ned for	2	
(e), steting the underlying DUE TO cause lest,	ANG CONTRIBUTING TO DEATH BUT AND			
PART II. OTHER SIGNIFICANT CONDITION	the commences	I pospice	maternal ne	PERFORMED? YES NO NO
PRIMARY or CONTRIBUTING CAUSE OF DEATH.	. DESCRIBE HOW INJURY OCCURED. (
20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. p.m. 1) 1962		ACE OF INJURY (Home, far tory, street, office bldg., et		(County) (State)
21. I certify that I took charge of the death resulted from: Natural cause			Inspection . Inquiry	ner and in my opinion
ACTUAL KINI,	Melty	CHIEF MEDICAL	EXAMINER DICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	WELTY	DEPUTY MEDICA	at EXAMINER City, town, or county)	12.13-60
220. BURIAL, CREMATION, 22b. DATE THEREOF REDOVAL (Specify) 12-24	-60 St. Mulae	lo Cen,	St. Much	ecountry) (Stete)
23 FUNERAL DIRECTOR	20 Data	. 0	C'D BY REGISTRAR 24b. REGISTI	RAR'S SIGNATURE

MANAGER STATES OF THE MINISTER OF STREET STATES AND THE STATES AND HAF (COLVER)

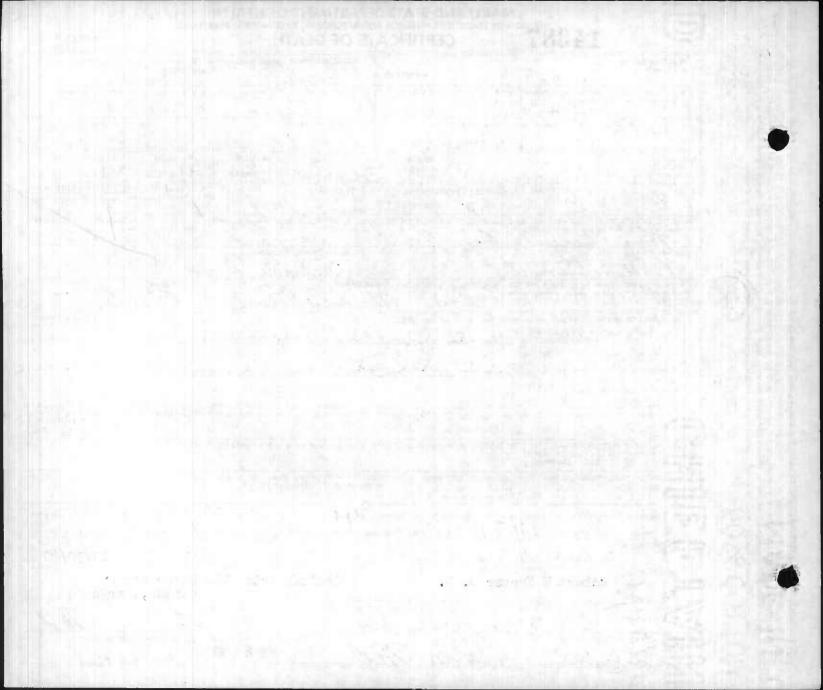
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MARYLAND STATE DEPARTMENT OF HEALTH

ORE 1, MARYLAND

		DIA	SION	OF	STATISTICA	L RE	SEARCH	I AND	RECOR	DS —	- BALT	IM
+	3	87	7		STATISTICA	RI	IFIC	ATE	OF	DE	ATH	

		14387	C	ERTIFICA	TE OF DEAT	Н		14364
7	PLACE OF DEATH a. COUNTY	TA1601		MARYLAND	2. USUAL RESIDENCE (o. STATE Handle		If institution: Resident	ce befare admission)
	b. CITY OR TOWN RURAL and give r	(If autside carporate limitearest tawn)	ts, write c. LENGTH	OF STAY IN 16	c. CITY OR FOWN !		nits, write RURAL and g	give nearest tawn)
	d. NAME OF HOSPI OR INSTITUTION	Memores	give street address)	ital	d. STREET ADDRESS	Hanson		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Minni	6,	Middle	Benson	4. DATE OF DEATH	1) ec a	Day Year 1960
S.	SEX A.	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED DIVORCED	B. DATE OF BIRTH	9. AG last	birthday) yrs. IF UNDER Manths	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10	during most of war	ON (Give kind of work rking life even if retired	dane 10b. KIND OF BU	Home	STRY 11. BIRTHPLACE (SH	ate of fareign country)	12. CITI	ZEN OF WHAT COUNTRY?
13	FATHER'S NAME	Huva	d		14. MOTHER'S MAIDE	de Dry	_	
15	. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s		URITY NO. 17. 11	Sepetal Me	evels	Address	ton
	18. CAUSE OF DE	ATH [Enter anly ane co	ouse per line far (a), (b), and (c).]	//			INTERVAL BETWEEN
-	PART 1. DE	ATH WAS CAUSED BY:	· Cerita	200 01000	Main Jime	nation		ONSET AND DEATH
	LAN	DUE TO		3	0			
	Canditians, if	Tau unbiek	antoni	210000	ti. 0.	+ 1:10-		Makanin
	gave rise ta	immediate (2 0000	e au roin	ou cusua		00.00000
	cause (a), stating		,					
lz	lying cause last.	, 10		IC TO DELTH BUILD	NOT OF LIFE TO THE THE	NAME OF COLUMN	DITION OUTS IN BAR	THE WAS AUTORS
CATION					NOT RELATED TO THE TE			PERFORMED? YES NO
L CERTIF	20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter nature af injury	in Part I ar Part II af i	tem 18.)	
MEDICA		RY Manth, Day, Ye	While Not what wark at wark	nile fo	ACE OF INJURY (Hame, fo ctary, street, affice bldg.,	etc.)	(n) (C	Caunty) (State)
	21. I certify the	at (I) (this hospital	I) attended the de	eceosed from	Sept	19.59 to 12	-127 196	Q, that (I) (we) lost
	saw the deced	1	1177 /	A	death occurred of	A.M. from the c	/	dote stated obove.
	22a. SIGNATURE	Robert W	1. Trever	,	M.D. PHYS.	MED. STA	FF X	12/30/60 NED
	22c. PHYSICIAN'S NAME (Type)	Robert W T	rever M. D.		22d ADDRESS Medical	Arts HLDG	Dover Stre	
27	BURIAL, EREMATION REMOVAL (Specify	ON, 234 DATE THEREO	MGO 23c. NAM	OF CEMETERY &	MCREMATORY LC	23d. LOCATION (City, town, ar caunty)	(State)
24	EUNERACTOR REGTOR	2'S STGNATURE	A GODRE	n M	2Sa. RI DATE	ec'd by registrar	25b. REGISTRAR'S SIG	



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — RAITIMODE 1 MAR

HICKE	VESEW	CII A	IAD K	LCOK	D3 -	- 0	MEII
CE	RTIFI	CA	TE	OF	DI	EA	TH

4/1000

14366

	4 1 1 1 1				- L	1000
o. COUNTY	TALBOT .	MARYLAND	2. USUAL RESIDENCE (Who o. STATE)		institution: Pesidence I	before admission)
b. CITY OR TOWN RURAL ond give	N (If outside corporate limits, write a nearest town)	26 days	c. CLTY OR TOWN (IF o	utside corporate limits,	write RURAL and give	nearest town)
d. NAME OF HOS OR INSTITUTIO	Menorial A	ospital.	d. STREET ADDRESS		054	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	William	Middle box	RNE BROWN	4. DATE OF DEATH	Dec .	Day Year 3 196
Male	0 1	RRIED NEVER MARRIED DIVORCED DIVORCED	1 - 12 - 2	9. AGE (In last birt		EAR IF UNDER 24 HR Bys Hours Min.
during most of w	ATION (Give kind of work done 10) working life, even if retired)	FACOYTY	MARY 11. BIRTHPLACE (Stote	or foreign country)		S A
S. FATHER'S NAME	om Brewn		Bestie	hicho	15	
S. WAS DECEASED E	(If yes, give wor or dates of service)	6. SOCIAL SECURITY NO. 17.	INFORMANT I da mae	Bro	Address	
	ng the under-	Meflute	1			INTERVAL BETWEEN ONSET AND DEATH
PART II. (20g. ACCIDENT OR CONTRIBUTIO (IF EITHER, NOTI	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	nal disease conditi	ON GIVEN IN PART 1(PERFORMED?
	WAS UNDERLYING 20b. DI NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in I	Part I or Port II of item	18.)	
20c. TIME OF INJ Hour a. r	m. 19 Whi		PLACE OF INJURY (Home, farm foctory, street, office bldg., etc.	20f. (City or town)	(Cou	inty) (Stot
/	that (1) (this hospital) after	I sould I	death accurred at 7.3		ses and an the d	
22o. SIGNATUR	Elktel	Jun	M.D. ATTENDING ME	ED. STAFF	x 3010	22b. DATE
22c. PHYSICIAN' NAME (Type		chmidt	22d. ADDRESS	ton 1	Horn	busk
23a. BURIAL, CREMA REMOVAL (Spec	ify)	Denton	OR CREMATORY Cerr	23d LOCATION (City,	tawn, or county)	(Stote)
24. BUNERAL DIRECTO		a DDRESS	250. REC'I		b. REGISTRAR'S SIGN.	

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

14380 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-	77000			Keg. Dist.	No. 2 - 0
1	PLACE OF DEATH O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where deceased liver o. STATE Manuface	d. If institution: Residence b. COUNTY	before admission)
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give provide lower)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	V/	ve nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (If not, in hosp	1/1grs	d. STREET ADDRESS		e. IS RESIDENCE
	Home for leged Wo	mes	1. STREET AGENESS		YES NO
3.	NAME OF DECEASED (Type or print) Authorita	augusta)	Brune 4. DATE OF DEATH	Secolal !	1960
	SEX 7, 6. COLOR OR RACE 7. MARRIER WIDOWED	OIVORCED D	July 21 1872 1011	(In years IF UNDER 1YI	
11	DO JUSUAL OCCUPATION (Give kind of work done 10b KI during most of working life, even if reprint)	active or mouse	Y 11. MRTHPLACE (State of foreign country)	12. CITIZET	OF WHAT COUNTRY?
1	Wakan Brina		14. MOTHER'S MAIDEN NAME CIMILLE Hummel	1	
1	5. WAS DECEASED EVER (N. U. S. ARMED ORCES? 16. S	ocya security NO. 17 14	refulled Wrains Sec	Address College	m
	18. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	or (a), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO	ONARY EMBOL			MINUIES
	gave rise to immediate cause (a), stating the underlying DUE TO	ACCIDENT	E G		39DAYS
NO MAN	PART II, OTHER SIGNIFICANT CONDITIONS CO. GENERALIZED AR		OT RELATED TO THE TERMINAL DISEASE CONI	DITION GIVEN IN PART 1(PERFORMED? YES NO
CERTIE	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING PASS.		nter noture of injury in Port I or Port It of item LVED IN COLLISION	18.)	
SACONO A	Hour a.m While	Not while facto	E OF INJURY (Home, form, 20f. (City or low ry, street, office bldg., etc.)	w MKT DOR	(State)
	21. I certify that I took charge of the re	emains described above	ve, held an Autopsy 🗶, Inspec	tion], Inquiry	, and in my
	opinion death resulted from: Natural co	auses [], Accident []	Suicide , Hamicide ,	Undetermined ma	nner 🗌
	SIGNATURE Ams // MUCA	4	_M.D. CHIEF MEDICAL EXAMINER		DATE SIGNED
	EXAMINER'S NAME (Type) LOUIS S.W	FLTY	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	12-	22-60
2		22c. NAME OF CEMETERY OF		City, town, or county)	(State)
2	3. FUNERAL DIRECTOR'S SIGNATURE	Puston M	DATE DEC 2 7 160	24b. REGISTRAR'S SIGNA Cuthun L	A . a
-	the state of the s		the state of the s	the state of the s	

STARO TO EVADIENTED STREETS OF DEATH CASE IN SERVED OF CASE

AND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before is necessary, lirector. Page your files. rd of Health, e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if purside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL er Boar OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RESIDENCE ON A FARM? refained State YES NO and 3 to the fund deat 3. NAME OF Middle DATE Month Day DECEASED OF with the (Type or print) DEATH 1960 hours after 5. SEX AGE (In yeers | IF UNDER 1 YEAR OR RACE 8. DATE OF IF UNDER 24 HRS. NEVER MARRIED 7. MARRIED 2 with birthdey) Months Hours Min. WIDOWED DIVORCED 'in pencil in Item 18. Give Payer1, 2 a Office along with form PM3. Page 5 burial-transit permit, File pages 1 and 1 10e. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working lile, even if retired) within 13. FATHER'S NAME MOTHER'S MAIDEN NAME EDICAL EXAMINER: This certificate should be executed within 2, "pending" in pencil in Item 18. Give event U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (If yas give wer or detes of sarvice) any 18. CAUSE OF DEATH [Enlar only one cause En INTERVAL BETWEEN E ONSET AND DEATH I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (e) removal, Conditions, if eny, which geve rise to immediate ceuse 10 Medical Examiner's DUE TO (e), slating the underlying 98 ò pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be NO 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Pert II of IIem 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) prior to et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Matural causes Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) its REMOVAL (Specify) 0 24a. REED BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

Ser Herelon MILL EASTEN 636 78/038 18 12 19 18 2 T 77. 3/3/16/72 MORE SAN LIENZE ON CAME. The bessel of all Passed to a mobile the Letters in There I Method The Manual of the State of the

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 14390 CERTIFICATE OF DEATH

14369

	1. PLACE OF DEATH O. COUNTY TALBOT MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY aroline
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give neorest town)	c. CITY OR TOWN (f postide corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Memorial Haspital	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Sames Roland	Chatter Dec 5 1960
	WIDOWED DIVORCED O	ATE OF BIRTH 9. AGE (In years lest birthdoy) 12, 1887 9. AGE (In years lest birthdoy) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Tilgliman J. Challinck	4. MOTHER SMAIDEN RAME Calloway
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFOR	MANT Chaffirel & Dentow, les
-	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Candifians, if any, which gove rise to immediate cause (a), stoting the <u>under-lying</u> couse lost. DUE TO (c)	on his All Munipligia Interval Between ONSET AND DEATH
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	nter nature af injury in Port I ar Port II of item 1B.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur o. m. 19 While Not while ot wark ot wark	OF INJURY (Home, form, 20f. (City or town) (County) (State) , street, office bldg., etc.)
	The state of the s	h accurred at 12 M, from the causes and an the date stated above. ATTENDING MED. STAFF PHYS. STAFF DIRECTOR PHYS. STAFF 22d. ADDRESS Relation Wasy laure
	230-BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Dec 8 1960 23c. NAME OF CEMETERY OR CR	puton, led
	24. FUNERAL DIRECTOR SOCIATURE Town Jenson	LED 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

HTAGE TO STAND THE BELL LINES Mangal Hope to James Tolonia Ora-Fariate In the State of th

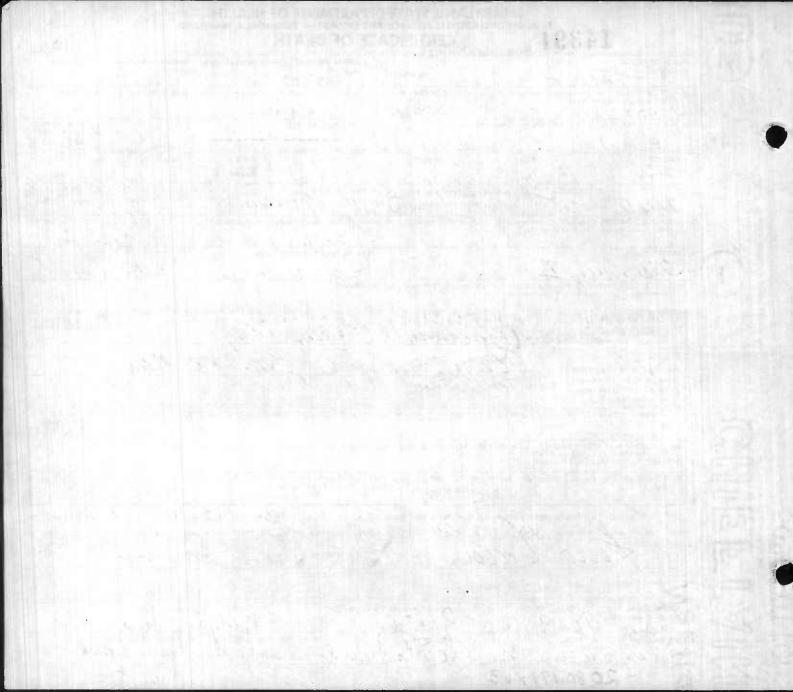
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
AL OF STATISTICAL	DECEADOLL	AND DECODE	DAITHAGDE

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 14391 CERTIFICATE OF DEATH

	14391 CERTIFICA	TE OF DEATH
) [1. PLACE OF DEATH o. COUNTY Tolhot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Caroline
t	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give nearest town) EASTER 2 days	Ridgely 05X-3
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
4	EASTON MEMORIA	YES NO 🗵
	3. NAME OF DECEASED (Type or print) Butth Bury	Last 4. DATE Month Day Year OF DEATH Dec 18 1960
	5. SEX 6. COLOR OR RACE 77. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR F UNDER 24 HRS lost birthday) Months Days Hours Min
	Thale widowed Divorced	Dec 16, 1960 lost birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Darney Errice	Sundra Sue Colline
	(Yes, no, or unknown) (If yes, give wor or dates of service)	NFORMANT Address
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	l helmo Ne hage INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (6) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of The pight corebella,
	Condition, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	of the payor cocording
	, (0)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	CAL	PERFORMED? YES 📈 NO 🗌
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Part II of item 18.)
	Haur a.m. While Nat while	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (Stote
		12 - 16 1964, to 12 - 18 1960 that (1) (we) last
		death accurred at AM, from the causes and an the date stated above.
	22a. SIGNATURE	22b. DATE
		M.D. PHYS. MED. MED. STAFF 1-9-51 SIGNED
	22c. PHYSICIAN'S NAME (Type) Kurt lederer M.D.	22d. ADDRESS ueen Anne, Marylina
	230. PORIAL, CREMATION, 23b. DATE THEREOF . 23c. NAME OF CEMETERY	
1	24. EUNERAL DIRECTOR'S SIGNATURE APPRESS 74	250. REC'D BY REGISTRAY 25b. REGISTRAR'S SIGNATURE
	J. Virgis arone Too Vestor	pleed- DATE JAN 12'61 arthur S. Kinns
	0 2080191×13	



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VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

		14393		CERTIFI	CA	IE OF DI	EAIH				14	37	
1. 1	PLACE OF DEATH		12010				DENCE (Wh	ere deceased	lived. If instituti	on: Residen	ce befor	e admiss	sion) V
		lbot		MARYL	AND	o. STATE	Mary.	land	b. COUNTY	Carol	ine		
	b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH OF STAY II	N 16	c. CITY OR T	OWN (If o	utside corpor	ote limits, write R	URAL ond	No nea	rest town	1)
	Easton			Life		Federalsburg					7	6	7-0
	OR INSTITUTION	AL (If not in hospital, g	give street	oddress)	d. STREET A	DDRESS					e. IS RES	FARM?	
	2.0	ial Hospita	-				214	Morris	Avenue				NO
	NAME OF DECEASED (Type or print)	Fid Marl		Middle Kevin		Coll		4. DATE OF DEATH	Decem		11		Year 19 60
S. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	F. F.	B. DATE OF BIRTH	1	9	9. AGE (In years lost birthdoy)	IF UNDER			7
	Male	White	WIDOW	ED DIVORCED		Decemb	er 11	, 1960	yrs.	Months	Days	Hours	Min. 24
10a	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CITI.	ZENOF	WHATC	OUNTRY?
	No.		'	None		Eas	ton,	Maryla	nd		U.S.	.A.	
13.	FATHER'S NAME				1	14. MOTHER'S	MAIDEN N	IAME					
	William	C. Collin	5			Pat	ricia	Ann P	ayne				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		50574	Add	ress			
	No	(, , , , , , , , , , , , , , , , , , ,		None	W:	illiam C	. Col	lins,	Federals	burg,	Mai	ryla:	nd
CERTIFICATION	Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH 200. ACCIDENT WA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO TO THE MEDIATE CAUSE (c) HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH	o)	CONTRIBUTING TO DEA			-			/EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY PRIMEDS
MEDICAL C	20c. TIME OF INJUR Hour o. m.	MEDICAL EXAMINER) Y Month, Doy, Ye 19	While of wor	Not while of work	foc	CE OF INJURY I	bldg., etc.		or town)		County)	. //\	(Stote)
	saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		ny	led the deceased full—19 be and the letters of the	that d	ATTENDING PHYS.	otl:1		STAFF PHYS.			stated 22	we) last l abave. b.DATE SIGNED
230	BURIAL, CREMATIC REMOVAL (Specify)			23c. NAME OF CEME					ion (City, Iown, rado, Ma		d	(Stot	re)
24.	FULL DIDECTOR	s signature om and Son,	Fed	eralsburg,	Vary	land		DEC 2 3		STRAR'S SIG			
	2080	202X	V	2									

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14394

T	7 0/7 0070	3 6 63 0+			3 7 9 73
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who		If institution: Resident	ce before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If a	tside carporate limit	s, write RURAL and g	give nearest town)
Factor	2488	Cambri	due		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS	9	VO	e. IS RESIDENCE ON A FARM?
Sewell Nursing Home		<u> </u>		0//	YES NO
3. NAME OF DECEASED (Type or print) AMES	Middle	last 7 × SP. V	4. DATE OF DEATH	Month / 2	Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE lost b	(In years IF UNDER irthday) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
MALE COL WIDOWS	_~	10-15-8	7 17	3 yrs.	
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	or foreign country)	1,	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME	accong	14. MOTHER'S MAIDEN N	AME OL		3, 110
Unkown		al len	Rosen	2 Charles	Timen his
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	NFORMANT O	\	Address)
(if yas, give wal or agles or sarvice)		albert &	Jansey	Charle	ulan in
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (o), (b), and (c).]				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cerebra	1 Thren	nloris		aurte
332 X DUE TO	0			0	
Conditions, if any, which) (b)	Generalia.	ed all	eres och	com	me-
gave rise to immediate Couse (a), stating the under-					/
lying couse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PAR	T 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in F	ort I ar Part II af ite	m 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 20d. II		ACE OF INJURY (Hame, form,) (0	Caunty) (Stote)
20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. While at war	Tags Willig	ctary, street office bldg., etc.	1		
21. I certify that (I) (this hospital) attend	ded the deceased from	10/17 194	50, to 12	118 1960	2_, that (I) (we) last
saw the deceased alive an 12/18	19 60, and that c	death occurred at	M, fram the ca	uses and on the	e date stated above.
22a. SIGNATURE	00,		ED. STAF	F	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	man.	M.D. PHYS. DII	KECTOR PHTS		
NAME (Type)					
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY O	OR CREMATORY	23d. LOCATION (CI	ly, town, or caunty)	(State)
24 PUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25c PEC'I	BY REGISTRAR	25b. REGISTRAR'S SIG	GNATURE
Lange foll of ight	Eaton. V	DATE JA		arthur S.	

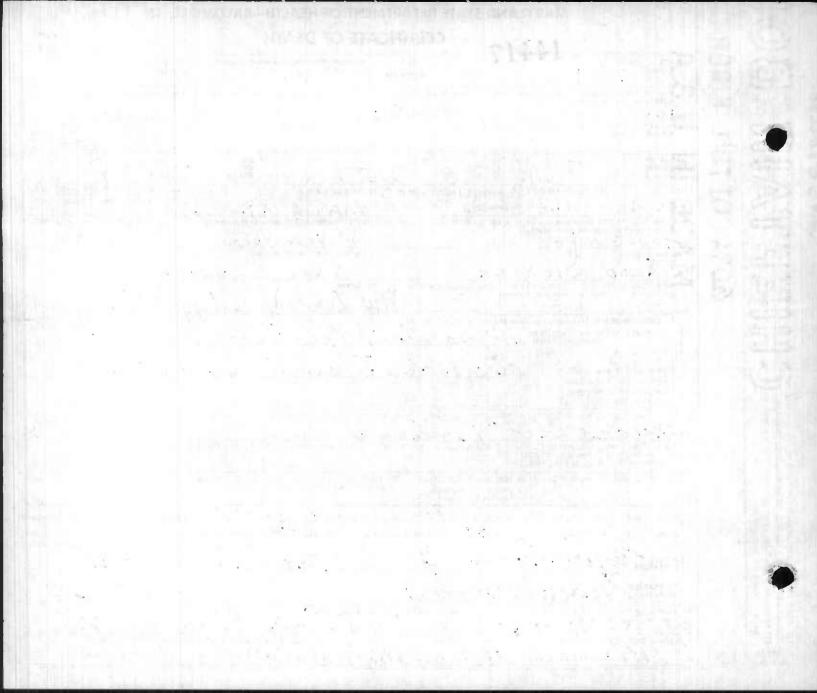
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MARYLAND	STATE	DEPARTMENT	OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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CERTIFICATE OF DEATH

14375

1. PLACE OF DEATH O. COUNTY	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. COUNTY			
Talbot MARYLAND	Maryland Talbot			
RURAL and give negrest town)	LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			
St. Michaels	ToEaston			
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?			
Rio Vista Nursing Home	N. Aurora St. YES D			
3. NAME OF First Middle	Last 4. DATE Manth Day Year			
(Type or print) Nida Elizabeth	Edgar December 18 1960			
THE STATE OF THE S	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS			
Female White WIDOWED DIVORCED	Feb. 24, 1877 (83 yrs.) Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY			
Housework Housewife	Maryland USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Richard M. Roberts	Robert Zine Roberts			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT 215 Shore Tune			
(Yes, no, or unknown) (II yes, give war or dates of service) None V				
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY:	ONSEI AND DEATH			
IMMEDIATE CAUSE (a)	Court James			
DUE TO STATE OF THE STATE OF TH	the atic Coulinguel III Gues			
Conditions, if any, which gave rise to immediate (b)	arous armiroscul po Typias			
couse (o), stoting the under-				
lying couse lost.) (c)	NAC ALTORY			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
5	YES NO			
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Port I or Port II af item 18.)			
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)			
p. m. 19 at wark at work	1 1 1			
21. I certify that (I) (this haspital) affended the deceased frame	1960 to 1960 19 (1) (wet las			
	death occurred at 55%, from the causes and an the date stated above			
22a. SIGNATURE	22b. DATE			
K HOUSE / /holls	M.D. ATTENDING MED. STAFF PHYS. \(\square\)			
22c PHYSICIANS	22d. ADDRESS			
(Type) R. Lane Wroth, M.D.	St. Michaels, Maryland			
23g RUPLAL CREMATION 23h DATE THEREOF 23g NAME OF CEMETERY OF				
Buria (Specify) 12/21/60 Spring Hil	분이는 사회 보다 보다 보는 경기를 보고 있는데 하는데 하는데 하는데 함께 되었다. 그리고 있는데 그리고 가장이 없다.			
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Easton	, Md. DATE DEC 2 3 '60 Cuther S. Thous			
W. Wrempton Carroll,				

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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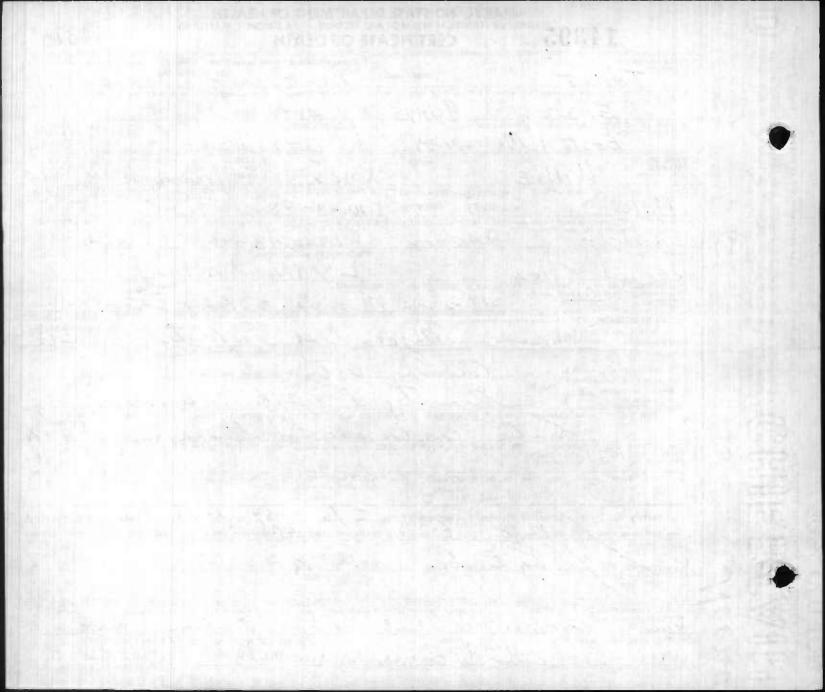
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MARYLAND STATE DEPARTMENT OF HEALTH 1439 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

14378

21000	CERTIFICATE	OI DEATH		
1. PLACE OF DEATH o. COUNTY Talk +		ISUAL RESIDENCE (Where dec	ceased lived. If institution:	Residence before admission)
	LENGTH OF STAY IN 16 c	CITY OR TOWN (If outside	corporate limits, write RURA	AL and give nearest town)
RURAL and give negrest town)	9 days fx	JE Meter	7	
d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION	- /	d. STREET ADDRESS	Dover st	e. IS RESIDENCE ON A FARM? YES -NO
3. NAME OF / First	Middle	Last 4. D	ATE Month	Day Year
DECEASED (Type or print) WilliE	K-	nox	EATH DECEMB	ER 8 1960
S. SEX 6. COLOR OR RACE 7. MARRIED	MEVER MARRIED B. DA	TE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
MAPE COL WIDOWED	DIVORCED 1	3-8-88	72 yrs.	lonths Days Hours Min.
100. USUAL OCCUPATION (Give kind of wark done 10b. KINI during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of fore	eign country)	12. CITIZEN OF WHAT COUNTRY
LABOVET TH	7 ctory	MARYLD	h d	Lys A,
13. FATHER'S NAME	14.	MOTHER'S MAIDEN NAME	+1	
Vaniel Knox		- YOIA	InomA	3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or doles of service)	TIS WILL IT. INFORM	s, line	Kong E	oston, hali
18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]	0) / -+	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Myrea	idial /	njarchim	aute
420 DUE TO		-	6.	ALL WINDS
Conditions, if ony, which) (b)	nemary 6	Erlericock	eroes	
gove rise to immediate couse (o), stating the under-	ch	0 00	- 1	-
lying couse lost. (c)	mentiged	unce	upolings	17
PART II. OTHER SIGNIFICANT CONDITIONS CON	IRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DI	ISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPS' PERFORMED?
	E HOW INJURY OCCURRED. (Ent	songer 2	or Part II of item 18)	YES NO
206. ACCIDENT WAS UNDERLYING DOWN CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E 11044 11430KT OCCORRED. (EIII	er notice of injury in roll is	, 1011 11 01 11011 10.,	
	RY OCCURRED 20e. PLACE O	F INJURY (Home, form, 20f.	. (City or town)	(County) (Stot
20c. TIME OF INJURY Month, Doy, Year While of work 19	THOI WILLIE	street, office bldg., etc.)		
21. I certify that (I) (this hospital) attended		16 1959	12/8	, 1960, that (I) (we) lo
12 15	1.	.10		on the dote stated above
220. SIGNATURE	of dild fild dedil	decorred dry_rm, r	Tom the cooses and	22b. DATE
1 /1. take	du M.D.	ATTENDING MED. PHYS. DIRECTO	R PHYS.	SIGNE
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	NAME OF CEMETERY OF CRE	MATORY 23d. 1	LOCATION (City, town, ar o	county) (Stote)
Buriel 12/14/68	Kulands	Cem,	- orton	ml.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS T	25a. REC'D BY R		AR'S SIGNATURE
BOTTORAL HOLLING	111 122	AAC DATE DEC 2	20'60 anti	Lun S. Males



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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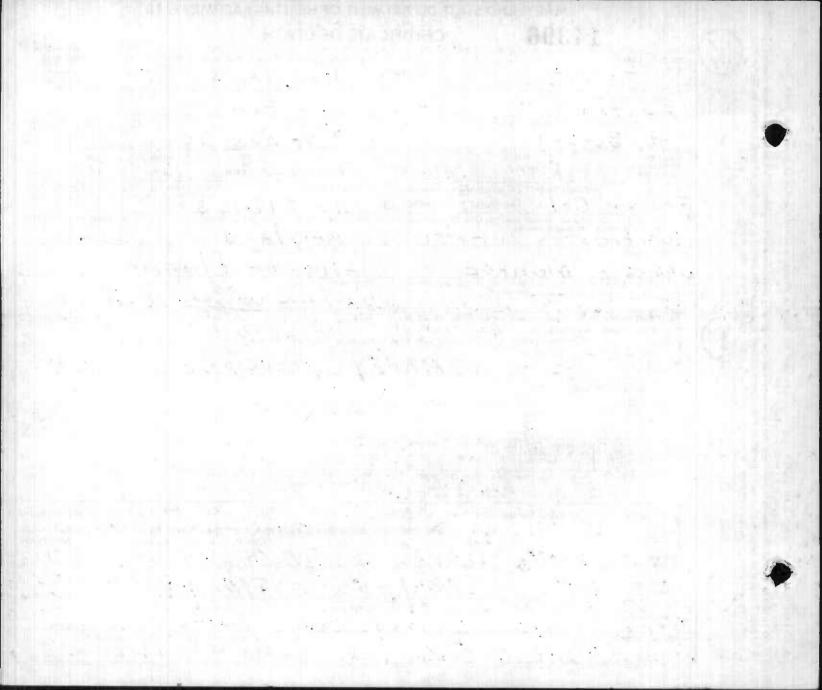
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

14397 CERTIFICATE OF DEATH						
1. PLACE OF DEATH a. COUNTY Jalbat	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Marylar	b. CO		Anns:	
b. CITY OR TOWN (If autside carporate limits, write RURAL apd give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auts		rite RURAL and give	e nearest tawn)	
Easton	6 dain	Grasony	ville	Rural.	17X-2	
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF First	aprica	Station	Lane.			
OFCEASED (Type or print) William H.	Middle B,	mousley	DATE OF DEATH	Month 12 -	2 19 60	
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In lost birth		YEAR IF UNDER 24 HRS.	
Male White. WIDOWE	D DIVORCED	Apr 25, 1888		yrs.	bys Hours Min.	
10a. USUAL OCCUPATION (Give kind of wark dane during mast af working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote or	foreign country)	12. CITIZE	N OF WHAT COUNTRY?	
	elf.	Brandywine	Hd. Del	aware	U.S.A.	
13. FATHER'S NAME	7 A 3 5 5 A	14. MOTHER'S MAIDEN NAM	ME			
L. Munroe Mousle	y	Margaret	McClinto	ck.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. ! (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT		Address	Md	
	22 02 0880 J	Mrs. Nellie H	B. Mousle	v Graso		
18. CAUSE OF DEATH [Enter only one cause per lin					INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	maestine	heart Sail	we	30 (19.00)	CHILL MAD DEATH	
443 × DUE TO	3	0	7. W			
Conditions, if any, which	uportons	recandiante	niesclen	estic.	Unknow	
gave rise to immediate cause (a), stating the under-	81					
lying cause last.	Kenn	t diseases				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINA	AL DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO	
	TRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in Por	rt I ar Port II af item 1	8.)		
20c. TIME OF INJURY Manth, Doy, Year 20d. IN While at wark	Nat while fo	LACE OF INJURY (Hame, farm, actory, street, affice bldg., etc.)	20f. (City ar town)	(Car	unty) (State)	
		Mon 26 106	co to Dec	7- 10/00	14.111.111.	
saw the deceased alive on free 1	1	death accurred abile N			that (I) (we) last date stoted above.	
Robert W. Trev	en	M.D. ATTENDING MED. DIRECT	STAFF PHYS.		22b. DATE SIGNED	
22c. PHYSICIAN'S NAME (Type) 3 F. R.T. W. T	101-11)r	22d. ADDRESS	to W	Ma	1	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, I	awn, ar county)	(State)	
Burial Dec. 5, 196	_	- 1 -	Wilmingto	_		
24. FUNEPAL DIRECTOR'S SIGNATURE	SOPRESSO / /	The man		REGISTRAR'S SIGN	ATURE	
William A Jour	- Celanna	Sel Defedec	6 '60	arthur 8. to	rous	

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1. Sunroc Soulley ... Margaret Schilatech.

202 02 0880 Mrs. Netile W. Loueley Crascaville,

Market Street Visited and Street Street

Busher - Mee. 15, 1860 biveresev Lemetery Wilmagton, Bel.

BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY Page e. STATE b. COUNTY Dorchester, Co. MARYLAND ector. b. CITY OR TOWN (if outside corporete limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAT and give peerest town) Cambridge, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 14 High. State YES NO death. DATE Month Day in pencil in Item 18. Give Pages 1, 2, and 3 to the DECEASED PM3. Page 5 may be relepages 1 and 2 with the twithin 72 hours after d the (Type or print) DEATH 5. SEX AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS NEVER MARRIED last birthdey) Months Davs Hours WIDOWED DIVORCED 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working life, even if retired) U.S.A. Hardware Hardware Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bernie O. Murphy Tollie Todd EDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address no. or unkown) | (If yas give we ror detes of service) No Mrs. Crawford O. Murphy, Cambridge, Maryland. Unknown 18. CAUSE OF DEATH [Enter only one cause per ligs for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) gave rise to immediate cause Medical Examiner's (0) DUE TO as (a), stating the underlying cause last. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19, WAS AUTOPSY CERTIFICATION RERFORMED? * the certificate, writing the word NO pluods 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident V Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER please execute the should be O FUNERA EXAMINER'S DEPUT NAME (Typa) Address (Streat, city, town, or county) 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 0 Burial Cambridge Maryland
240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Greenlawn Cemetery 23. FUNERAL DIRECTOR VS. A15ME JAN 3 arthur & France 5M 7/59 Le Compte Funeral Service. Cambridge. Maryland, DATE

MARYLAND STATE DEPARTMENT OF HEALTH

Ant fee The aviety of all It same, Surger. .A.8.U. This LEGY CLIFOR Certifue, 0 Parenty the state of the state to the seal seal The state of the s Transferrer au Vicenta VIII (12) The course of the state of the MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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(B . R	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	
(M	Maryland Maryland aro	line
	b. CITY OR TOWN (If autside carporate limits, write RURAL and given early nearly nearl	re nearest tawn)
	EASTON / Casp Federalsburg	0 2 1-
60	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	Memorial Hospital Maple Avenue	YES NO
	3. NAME OF DECEASED (Type or print) William Albison Murply 4. DATE OF DEATH /2 -	28 19 6
	MUNKIED EN LACKER MINKKIED	YEAR IF UNDER 24 HE Poys Haurs Min.
	Male White WIDOWED DIVORCED August 25, 1911 49 yrs.	loys Hoors Min.
. 19	during most of working life, even if retired)	EN OF WHAT COUNTR
	Truck Driver Service Trucking Co. Oak Grove, Delaware U.	S.A.
	13. FATHER'S NAME	
-3	John Murphy Georgia Stevens	
	15. WAS DECEASED EVER IN D. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	31
1	No 215-16-8522 Mrs. William A. Murphy, Federalsbu	urg, Md.
1	18. CAUSE OF DEATH [Enter only ane cause per-tipe for (o), (b), and (c).]	INTERVAT BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Complys and be-lateral	CHSET AND DEATH
	527 DUE TO	
10	Canditians, if any, which (b)	
	gave rise to immediate DUSTO	
	lying cause last.	
		1(o) 19. WAS AUTOPS
1	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
at		
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) CAUSE OF DEATH	
	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Co	iunty) (Sta
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while at work at work at work	
-,79		4
	21. I certify that (I) this hospital attended the deceased from 19 to 19	
	saw the deceased structure of the causes and an the	22b. DATE
	M.D. ATTENDING MED. STAFF DIRECTOR DIRE	se 1960
	22c. PHYSICIAN'S NAME (Type) E-C-H Schiniat 22d. ADDREYS Capilan, Manyle	ad
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
0	23d. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, for county) Rinrial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, for county) Eldorado, Dorcheste	r Co., Md.
10	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
A.	I I TRAMPTOM and SGH FEDERALSBURG, MD. DATEJAN 3 '61 Couldness &	4

ATTENDING PHYSICIAN: The law requires that the death certificate be by the haspital ar attending physician. TO HOSPITAL

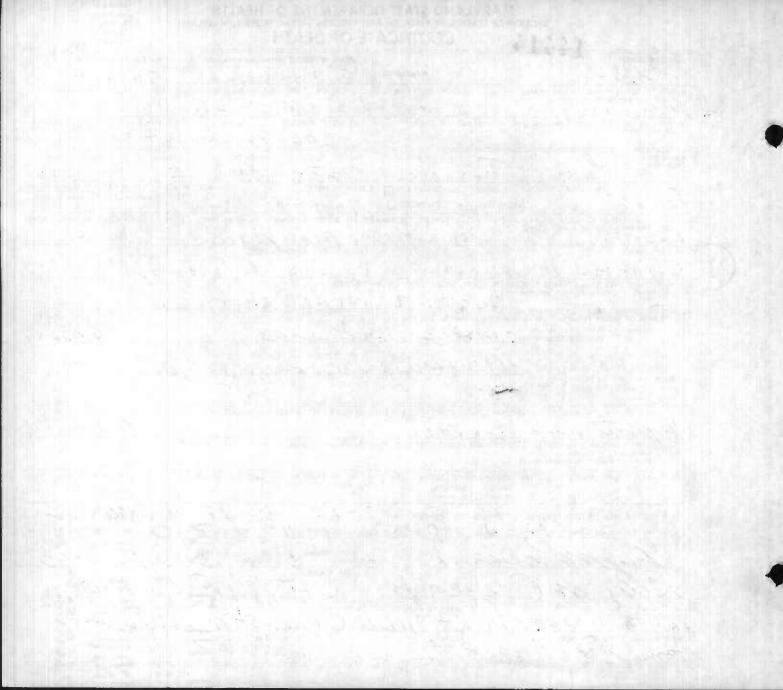
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR

	14414 CERTIFICA	ATE OF DEATH	3 1 DC =
	1. PLACE OF DEATH a. COUNTY A B A B A MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions a. STATE	Residence before admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) St. Mich 36 5	c. CITY OR TOWN (If fourside, corporate limits, write RURA	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS 206 Freemount	e. IS RESIDENCE ON A FARM? YES NO 2
	3. NAME OF DECEASED (Type or print) MARY Francis	Plater 4. DATE Month OF DEATH 10	Day Year
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	7-4-80 (ast birthday) M.	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Haurs Min.
/	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Aborer	maryland	12. CITIZEN OF WHAT COUNTRY?
	Charles H. Johnson	Julia A, Dens	<i>y</i>
_	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (19s. no. or unknown) (19 yes, give wor or dates of service) 218-20-1047	Clara fisher, Address	
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cailine	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (bathers select	Tiecardio Vos D	-
	gave rise to immediate couse (a), stating the <u>under-lying cause last.</u> DUE TO (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU		IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year Haur a. m. p. m. 19 20d. INJURY OCCURRED While Nat while at wark 19 at wark 19	PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) actory, street, affice bldg., etc.)	(Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on 2 - 4 1960 and that	deoth occurred of LPM, from the causes and of	n the date stated obove.
	220. SIGNATURE	M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	12-7-60 ZZb. DATE SIGNED
	Living m Reeser &	22d. ADDRESS Hmichaels	md
	230. BURIAL, CREMOTION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORRESPONDENCE OF CEMETER CORRESPONDENCE OF CEM	or CREMATORY 23d. LOCATION (City, town, or co	aunty) m (State)
/	24. WHERAL DIRECTOR'S SIGNATURE ADDRESSY BALLO CONTROL ADDRESSY ADDRESSY ADDRESSY ADDRESSY ADDRESSY ADDRESSY ADDRESSY	250. RECID BY REGISTRAR 256. REGISTRA CARLON	AR'S SIGNATURE



Item 18 Film 281 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) . COUNTY _ Health, a. STATE director. Page b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL end give nearest town) your write RURAL and give nearest town) ō 0 210 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State-B YES NO and 3 to the fun NAME OF Middle Year DECEASED OF the (Type or print) s after DEATH 1960 with 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. may 7. MARRIED NEVER MARRIED last birthdey) Months Hours 2 hg 5 in pencil in Item 18. Give Pages 1, 2, AL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page done during most of working life, even if retired) within pages 60 SNAME permit. File WAS DECEASED EVER IN U.S. ARMED FORCES? | A6. SOCIAL SECURITY NO. ! (Yes, no, or unkown) | (If yes give wer or detes of service This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN .5 burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac arrest pue IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if any, which (b) geve rise to immediata cause 10 a the certificate, writing the word "pending" Medical Examiner's DUE TO (a), stating the underlying 95 0 cause last. should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? cremai NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | burial, CAUSE OF DEATH. should be forwarded to the Chief PUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) 0 While Not While et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion agent, death resulted from: // Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPU pinous NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22c. 22d, LOCATION (City, town, or country) (Stata) REMOVAL (Specify) g40 p ADDRESS 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAK'S SIGNATU VS. A15ME DATE DEC 2 0 '60 arihun S. Kraus 5M 7/59

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MARYLAND	STATE	DEP	ARTMENT	OF	HEALTI	H (
OF STATISTICAL	RESEARCH	AND	RECORDS - F	ALTIA	AORE I MA	ARYI

14401 AND CERTIFICATE OF DEATH

14401	CERTIFICA	TE OF DEATH	14386
1. PLACE OF DEATH o. COUNTY IAIDOT	MARYLAND	MARY land	b. COUNTY LUCE IN AIR IS
b. CITY OR TOWN (If autside carparate limits, wri RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate	limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give str OR INSTITUTION		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \(\) NO (1)
3. NAME OF First DECEASED (Type or print)	Middle	SAMPSON 4. DATE OF DEATH	Month Day Year December 15 1960
12. 1 - 1	AARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years last birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done) during most of working life, eyen if retired)	Domestie	STRY 11. BIRTHPLACE (State or foreign count	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME BOWSER GriFF	in	Rachel 10	hnson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 17. II	horler Sompson	Scoromille M.
PART DEATH Enter only one couse por part DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	er line far (a), (b), and (c).]	anyl heros	INTERWAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO			
_	ns <u>contributing to death</u> but	NOT RELATED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II	of item 18.)
Haur a.m.		ACE OF INJURY (Hame, farm, 20f. (City ar ctary, street, affice bldg., etc.)	tawn) (County) (State)
21. I certify that (1) (this haspital) att	mande A		e causes ond on the dote stated abave.
220. SIGNATURE	20		STAFF 14 100 1900 DATE
22c. PHYSICIAN'S NAME (Type)	chmidt	22d. ADDRESS	Mayland
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY C	R CREMATORY 23d. COCATIO	N (City, tawn, or county)
24. FUYERAL DIRECTOR'S SIGNATURE	Sastin	25g. REC'D BY REGISTRAL DATE JAN 4 '61	25b. REGISTRAR'S SIGNATURE Outhur S. Kraus

HTASE SO STADESTINE 10211 THE REPORT OF THE PARTY OF THE The state of the s

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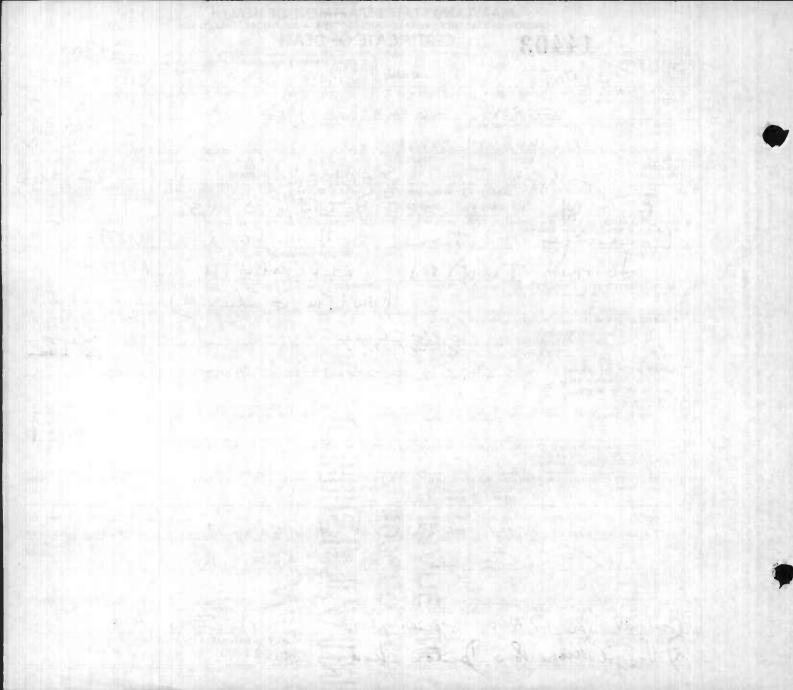
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		144112		CERTIF	ICAII	OF DEA	МП			43	57
1. F	LACE OF DEATH	bot		MARY		o. STATE	CE (Where dece		institution: Resid	dence before od	mission)
t	RURAL ond give nearest		, write c. LE	9 Ave		c. CITY OR TOW	/N (If outside co	orporate limits,	write RURAL or	nd give nearest	(Inwol
(OR INSTITUTION	f not in hospital, given	e street address	Nos A	2.	d. STREET ADDR	RESS V	mal)	0	RESIDENCE N A FARM?
	NAME OF DECEASED Type or print)	First	0011	Middle	4	Lost	4. DA	TE ATH	Month DEC	Doy	Year 19 60
S. S		0	7. MAPRIED	NEVER MARRIE		DATE OF BIRTH	98	9. AGE (I last bir		DER 1 YEAR IF U	NDER 24 HRS
10a	USUAL OCCUPATION (Coduring most of working li	ife, even if retired)	one 10b. KIND	OF BUSINESS O	R INDUSTR	Y 11, BIRTHPLACE	10	gn country)	12.0	Y, S,	AT COUNTRYS
13.	FATHER'S NAME	- W	asli	Jo		MOTHER'S MA	acuel	- 1	i l	L	
	WAS DECEASED EVER IN (If yes,	U. S. ARMED FORC	vice)	L SECURITY NO	17. INFO	0 08	lary!	225	Buch	anan ,	St.
	PART I. DEATH WILLIAM	VAS CAUSED BY: AEDIATE CAUSE (o) DUE TO				Edeir	754	tin	7		L BETWEEN
	gove rise to imme couse (a), stating the ulying cause last.		Ach	5-04/1	e	barn	/				
ICATION	PART II. OTHER S	IGNIFICANT COND	OITIONS CONTR	IBUTING TO DEA	ATH BUT NO	OT RELATED TO TH	E TERMINAL DIS	EASE CONDIT	ION GIVEN IN F	PE	REFORMED?
L CERTIF	20a. ACCIDENT WAS UN OR CONTRIBUTING [] C (IF EITHER, NOTIFY MED	CAUSE OF DEATH	206. DESCRIBE I	HOW INJURY O	CCURRED. (Enter nature of in	jury in Part I or	Part II of item	18.)		
MEDICAL	20c. TIME OF INJURY A Hour a. m. p. m.	Month, Day, Year		Not while		OF INJURY (Homy, street, office blo		(City or town)		(County)	(Stote
	21. I certify that (I) saw the deceased 220. SIGNATURE	1/2/2/	oftended th	2/61		-	19/20M, fr	am the cau	ises and an		, ,
	22c. PHYSICIAN'S NAME (Type)	=CH	Sch	milli	<u> </u>	22d. ADDVESS	ton	,111	Duy C	and	
23a	BURIAL, EREMATION 2	1-6-	(a) 23c.	NAME OF CEM	ETERY OR	Cen	23d. k	rest	, town or count	mol.	(Stote)
24/	uneral director's sig	Varlue	el es	address ton,	md)	O. REC'D BY RE	- 101	66. REGISTRAR'S	SIGNATURE	٨

MARINE INCHASE OF SULAT and the first that the second second the second second

DIVISIO	MARYLAND STA	ARCH AND RECORD	S - BALTIMORE	ALTH 1, MARYLAND		
403	CERTIF	ICATE OF	DEATH		11	288
ot	MAR	LAND 2. USUAL RI	SPU LON	b. COUNTY	Residence ber	bre admission)
EAS	4.11 21	IN 16 c. CITY O	R TOWN If autside of	prporate limits, write R	JRAL and give ne	arest town)
hospital, give	RIA HOSPI	d. STREE	ADDRESS	05	X-2	e. IS RESIDENCE ON A FARM? YES NO
First U C	Middle	StANFO	R d 4. DA		th Di	2 19 6 0
OR RACE	MARRIED NEVER MARRI	- 1	1875	9. AGE (In years lost birthdoy) yrs.	Months Doys	R IF UNDER 24 HRS. Haurs Min.
nd of wark da en if retired)	ne 10b. KIND OF BUSINESS C	OR INDUSTRY 11. BIRTH	PLACE (State or foreign	gn country)	12. CITIZEN O	F WHAT COUNTRY?
- 01	TURPEN	14. MOTHE	DZ ABL	TH :	SMIT	1+
RMED FORCE r or dates of serv		IT INFORMANT	m. Fis	her De	المالية	lend.
Only one cous	e per line far (a), (b), and (c).	Large				ERVAL BETWEEN SET AND DEATH
DUE TO	arterio	seles	- 9	enva	2,	\$
DUE TO						
(c)_ CANT CONDI	TIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED	TO THE TERMINAL DIS	EASE CONDITION GIV	EN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
ING 20 OF DEATH (AMINER)	0b. DESCRIBE HOW INJURY C	OCCURRED. (Enter natur	e af injury in Part I ar	Part II af item 1B.)		
Doy, Year	20d. INJURY OCCURRED While Nat while at work at wark	20e. PLACE OF INJUR factory, street, of		City ar tawn)	(Caunty)	(State)
haspital)	attended the deceased	framthat death accur	19 11 red at (03 9 M, fre	a l^2/l^2		nat (I) (we) last e stated abave.
3	Esp	M.D. ATTEND	ING MED.	STAFF		22b. DATE SIGNED
		22d. ADI	DRESS			
TE THEREOF	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LC	CATION (City, tawn, o	r county)	(State)

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (If autside co RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in OR INSTITUTION NAME OF DECEASED (Type or print) S. SEX 6. COLOR 10a. USUAD OCCUPATION (Give kir during mast of warking life, ey 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. A 1B. CAUSE OF DEATH | Enter PART I. DEATH WAS CA Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFI 20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX 20c. TIME OF INJURY Manth, Haur a.m. p. m. 21. I certify that (I) (this saw the deceased alive 22o. SIGNATURE 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, 23a. 24. FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS DATE DEC 2 1 '60 arthur S. Krous



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

BALTIMORE 1, MARYLAND

DIVIDION OF	SIMILITIES KESENKELL WIND	KECOKD3 D
4404	CERTIFICATE	OF DEA

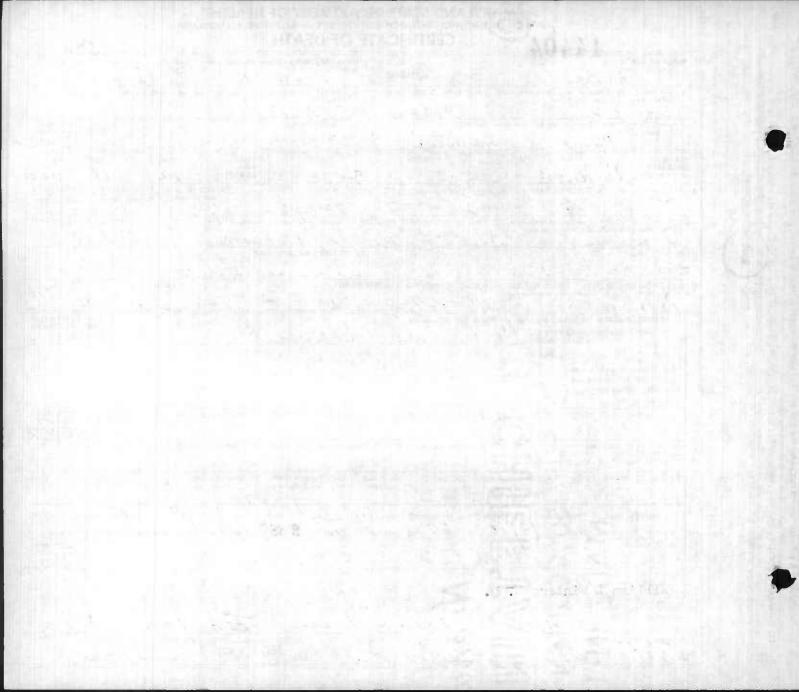
1.	CERTIFICATE OF	DEATH

7	13	0	0	0	
1	46	3	0	13	

	4414	GERTI		J. 34711	• •		1530	*
1. PLACE OF DEATH	1				(Where deceased lived.		ence before adm	ission)
a. COUNTY	713-+	MAR	YLAND	STATE MARY	CANA	. COUNTY	BAT	
b. CITY OR TOW	N (If outside corporate limits	, write c. LENGTH OF STAY	Y IN 1b	c. CITY OR TOWN	(If outside corporate lim	nits, write RURAL one	give negrest to	wn)
RURAL and give	re nearest town)	00 1	111	A-Long.				
E MOI	SPITAL (If nat in haspital, giv	39 da	2/2 1	d. STREET ADDRESS	1014		T _a is n	ESIDENCE
OR INSTITUTION	ON 700	e street dodress)	1	d. SIREET ADDRESS	1.55	0	ON	A FARM?
	Memorial	Harpilal		7/4.1	TURORA	7.1	YES	NO Z
NAME OF DECEASED	First	Middl	e	Last	4. DATE OF	Month	Day	Year
(Type or print)	raubNE	DISK	C	ite ile	DEATH	12	19	1960
SEX	6. COLOR OR RACE	7. MARRIED NEVER MARR	HED B. DA	ATE OF BIRTH		4 1 1 1	R 1 YEAR IF UN	DER 24 HRS
1-	11/	WIDOWED 7 DIVORC	ED TO	122/18	88 7	birthdox) Months	Days Hour	s Min.
. USUAL OCCUP		one 10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (SI	tate or foreign country)	1	TIZEN OF WHA	TCOUNTRY
during most of	wasking life, even if retired)	NAMELTI	0	Mai	NA ANI	1 2	1/11)
FATHER'S NAME	LADY	MOVELLY	HUP	MOTHER'S MAIDE	INDIANE	M		2
-		./		7-	TATAWNE			
JOSET			1	-MMA	NICKYO	N		
WAS DECEASED	EVER IN U. S. ARMED FORC		0. 17. INFOR	MANT	00	Address		11
NO		097-22-7	129 -	MRS.E	G.COVE.	R LAS	TON,	10
18. CAUSE OF	DEATH [Enter only one cou	se per line for (o), (b), and (c))-]	C .	0		INTERVAL	
	DEATH WAS CAUSED BY:	(MARAMAN	10 11	SKAMI	1.h		ONSET AN	
10	IMMEDIATE CAUSE (a)	Cocococo	1	4-0000	acre		0 77	
1	DUE TO		V					
	if ony, which (b)_ o immediate							
	ing the under-							
lying cause le	ost. (c).							
PART II.	OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO D	EATH BUT NOT	RELATED TO THE TE	ERMINAL DISEASE CON	DITION GIVEN IN PA	RT 1(o) 19. WA	S AUTOPSY FORMED?
1	rone						YES	
20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING	Ob. DESCRIBE HOW INJURY	OCCURRED. (Er	nter nature of injury	in Part I or Port II of i	tem 18.)		
LOR CONTRIBUT	TING CAUSE OF DEATH							
20c. TIME OF IN		20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Hame	form, 20f. (City or tow	(n)	(County)	(Stote
Hour o.	m.	While Not while		street, office bldg.,		"	(200111))	(5,0,0
p.	m. 19	at wark ot work	1		1	1	1	
21. I certify	that (I) (this hospital)	aftended the deceased	fram	ugust.	196 to 19	119 19	60, that (1)	(we) las
sow the dec	eased alive on 12	418 196 Can	d that deat	n occurred as:	38M, from the c	auses and on t	he date state	ed above.
220. STONATUR	7	111						22b. DATE
1 1000	usu d.	Willes	M.D.	ATTENDING PHYS.	MED. STA	FF (S. \square	1	2 SIGNED
22c. PHYSICIAN	l'S			22d. ADDRESS	21100 C		2	10-16
WITT	em L Winters	M. D.		2103	borer ?	aston	med.	
REMOVAL (Spe	ATION, 23b. DATE THEREOF	12-	.0 1	41.	23d. LOCATION (City, town, or county	1 1 (5	190)
-	13/10/10	0.11.	146-1	TILL	EA	SION		A
4. FUNERAL DIREC	TOR'S SIGNATURE	ACORESS	D.	250. 6	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	-
1 celle	Dack	Casto	1 M	A DATE	5E6 % 1,80	arthur	8. Kraus	

TO HOSPITATOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be really by the hospital ar attending physician.

TO FUNERAL CAECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within the state death. VR A15 (4) 15M 9/59



VR A15 (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 144 OVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

Ш					7 4 3	
Ţ	1. PLACE OF DEATH a. COUNTY	MARYLAND 2.	. USUAL RESIDENCE (Where	deceased lived. If institution b. COUNTY		admission)
-	1HLB01		Marylo		PALDO	<i>T</i>
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	ENGTH OF STAY IN 16	C. CITY OR TOWN OF autsin	de carporote limits, write l	UKAL and give neare	st tawn)
ŀ	d. NAME OF HOSPITAL (If not in hospital, give street oddre	955)	d. STREET ADDRESS		e.	IS RESIDENCE
	OR INSTITUTION EASTON MEMORIE	al Hosp.	<u> </u>		,	ON A FARM?
3	3. NAME OF DECEASED (Type or print) HERMEN	William	TEAT "	DATE OF DEATH	ec 1	Year 19 6
15	S. SEX 6. COLOR OR RACE 7. MARRIED	J INC. CK WINKKIED []	DATE OF BIRTH	9. AGE (In yeors lost birthdoy)		UNDER 24 HRS.
1	MIA/C GO/ WIDOWED		4-10-86	7475		
ľ	10a. USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)	OF BUSINESS OR INDUSTRY	TII. BIRTHPLACE (State of	oreign country)	12. CITIZEN OF W	HAI COUNTRY?
1	LABORET 1)0	mestic	14. MOTHER'S MAIDEN NAM	ind	U.S.A	-
1	toba test		FILE T	1		
		IAL SECURITY NO. 17. INFO	RMANT +	DOBEON	lress	
	(Yes, no, or unknown) (If yes, give war or dates of service)	0	Percy Wa	ally 1 EA	ston,	md.
F	18. CAUSE OF DEATH [Enter only one cause per line for	(o), (b), and (c).]	101	1		VAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	greatist	ipufero	to	ONSE	AND DEATH
	+20 DUE TO		Allen	12 42 10		
1	Canditions, if any, which gove rise to immediate (b)	sewell o	i confe	ecoass		
	couse (o), stoting the under-	16000	Inna			
	Iying cause last. (c) C C C C C C C C C	RIBUNING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GI	VEN IN PART 1(a) 19	WAS AUTOPSY
	O CONTRACTOR CONTRACTO	A STATE OF THE STA	THE TENNINA	EDISEASE CONDITION OF		PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (I	Enter noture af injury in Port	I ar Part II af item 18.)		
		Factors	OF INJURY (Home, form,);	20f. (City ar tawn)	(Caunty)	(State)
1	Haur a.m. 19 While at work	of work	y, sirebi, office blog., etc.,			
	21. I certify that W (this posetial) oriended	the deceased fram		_ , .ta	, 19, that	(I) (we) last
	saw the deceased diversity	and that dea	th accurred at AM	, fram the causes at	nd an the date s	
	220. SIGNATURE CHILLSON	M.D	ATTENDING MED.	TOR STAFF	2 De	22b. DATE 961GHED
	22c. PHYSICIAN'SY C. H. SWA	midt	22d. ADDRESS 5/0	m, 11/2	sylon	rd.
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c	NAME OF CEMETERY OR C	REMATORY 23	d. LOCATION ICity, town,	ar county)	(Stote)
-	BariA 12/1/60	YEW CHAP	c/ Com.	taston,	Kt 3,	md,
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D B	C 13 60 25b. REG	Chilling S. The	MA
E	Jumes of will	bus hon , l	~ Q. DATE			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	14400 CERTIFICATE OF DEATH	14391
1.	PLACE OF DEATH O. COUNTY A Not MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE Maryland D. COUNTY Tallo	fore admission)
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside corporate limits, write RURAL and give nearest tawn) EAS to 1 COTA TOWN (If outside co	learest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION CHORING HOSPITAL d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	OFFICE ASED (Type or print) Lillie B Townsend DEATH Dec 30	Day Year 1960
5. 5	lost birthdoy) Months Days	AR IF UNDER 24 HRS. Hours Min.
上	Emale white WIDOWED DIVORCED 1/194 22 1885 1/5 yrs.	
100	during mast of working life, even if retired)	OF WHAT COUNTRY?
13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	٠, ١
-	Jamuel Townsend Annie E. Price	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT es, no, or unknown) fyes, give war or dates of service)	1
	1219-07-94971 allen Willson Balt, morce, Mi	<i>l</i>
		NEET AND DEATH
	IMMEDIATE CAUSE (6)	4 year
	a Due to	
	Conditions, if any, which gave rise to immediate (b)	
	couse (o), stating the under.	
z	1/2 1/2	19 WAS AUTOPSY
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MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 20d. INJURY OCCURRED While Not while of work	(Stote)
	21. I certify that (I) (this haspital) attended the deceased fram	that (I) (we) last
	saw the deceased alive an	
	220 SIGNATURE ATTENDING: MED. STAFF DIRECTOR PHYS.	221/DATE/ 913/190
	22c. PHYSICIAN'S NAME (Type) WILLIAM L. WINTERS 210 & DOVEN East	n Ind.
230	BO. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
_	Briggist Jav. 3, 1961 Dppen Bambury Tural Trappe,	Md.
24.	1. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 256. REGISTRAR'S SIGNATURE 256. REGISTRAR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 256. REC'D BY REGISTRAR 256. REC'D BY REC'D BY REGISTRAR 256. REC'D BY REC'	
9/	PROTICE RIVERNAM HON GRETON, 1/19, DATEJAN 6 '61 archur & Ku	alla

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Rea. Dist. No. the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Talbot MARYLAND Talbot arvland CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Tilghman d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TO none NAME OF First Middle 4. DATE Lost Month Day filled DECEASED (Type or print) DEATH December 26. Lloyd DENNIS Tvler 9. AGE (In years lost birthday)
L2 yrs. 6. COLOR OR RACE 7. MARRIST NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH White Male WIDOWED [7] DIVORCED T yes 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) house-painter Painter Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willaam Tyler Cornelia James 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address V. Tyler. no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN. ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO p AUD Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that I attended the deceased from that I last saw the deceased M, from the causes and an the date stated above. and that death accurred at ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S he registrar NAME (Type) Tilbhman, Maryland TO FUNER 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify)

Methodist

ADDRESS

Cemetery

hours



rampton Carroll

23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DEC 2 9 '60 Michaels . Nox

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MARYLAND STATE DEPARTMENT OF HEALTH ESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND AEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) rector. Page your files. . COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 0 IS RESIDENCE ON A FARM? 2 with the State YES NO Y in pencil in Item 18. Give Pages 1, 2, and 3 to the funel in pencil in Item 18. Give Pages 1, 2, and 3 to the funel Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State oval, and 10 cms, event within 72 hours after death. NAME OF Middle Day DECEASED (Type or print) DEATH 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Sept. 14,1906 WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Homemaker Cambridge, Md. U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Jones Jamesetta West EDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mr. John W. Jones, 210 Choptank Ave., Cambridge, Md Office along with burial-transit permi No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -SKull+Cery. SpinE ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removal "pending" Medical Examiner's 10 DUE TO (a), stating the underlying 98 6 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E. O FUNERAL DIRECTOR: Page 3 should be NO X 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18. 208. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Mershould be forwarded to the Chief MereNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Month, Dev. Year (County) (State) factory street, office bldg., etc.) Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry and in my opinion death resulted from: Natural causes Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) REMOVAL (Specify) Cambridge, Md. Dorchester Memorial Park 6 ADDRESS Cambridge, Md. 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME DATE JAN 3 Outling & King

WILL TERSTON TOTAL PROPERTY and the first that the same . W. Carledon British ... The state of the st the totally the spine Same of the receipt of the second of the second Plass in Expension of College THE REPORT OF THE PROPERTY OF ACT THE REAL PROPERTY OF THE PARTY OF THE PA

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CERTIFICATE OF DEATH

Pen Diet No.

								Keg. Dist.		
o. COUNTY	lbot		MARYLA		SUAL RESIDENCE (V		d lived. If institut b. COUNTY			ssion)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton C. LENGTH OF STAY IN 1b Years			16 4	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Easton						
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 335 N. Washington St.				1	d. STREET ADDRESS 335 N. Washington St.				e. IS RESIDENCE ON A FARM? YES NO FF	
3. NAME OF DECEASED (Type or print)	Fi	RENCE	Middle WA	LBRI	Lost	4. DATE OF DEATH	Мо		Day	Yeor 19 60
s. sex	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED [TE OF BIRTH		9. AGE (In years lost birthday) 73 yrs	Months Do		ER 24 HRS. Min.
Oa. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b, KI	ND OF BUSINESS OR IT	NDUSTRY	11. BIRTHPLACE (Stor	te or foreign o			U. S.	
	71 .1			14	MOTHER'S MAIDEN					
Horac	ce Walbridg	CESS IN SC	CIAL SECURITY NO. 1	17. INFOR		herine	Mitchel	lress .		
Yes, no, or unknown)	(If yes, give wor or dates of	service)	-05-2298		. Alvin W			Easton.	Md.	
Conditions, if a gove rise to couse (o), stoting lying couse lost. PART II. OT	the <u>under-</u>	c)	NTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER/	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(o) 19. WAS	
OR CONTRIBUTING	AS UNDERLYING CONTROL	20b. DESCRI	BE HOW INJURY OCCU	JRRED. (En	ter nature of injury in	n Port I or Por	t II of item 1B.)			NOD
20c. TIME OF INJU Hour a. fr. p. m.	RY Month, Day, Ye	While	URY OCCURRED 20e Not while of work		F INJURY (Home, far street, office bldg., e		or town)	(Cour	nty)	(Stote)
21. I certify to alive on/_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the		fram and that de			M, from	n the causes of treet, city or town,		date stat	
20. BURIAL, CREMATIC REMOVAL (Specify BULIAL			Zc. NAME OF CEMETER Fairview			22d. LOCA	TION (City, town,	or county)	(Sie Vland	te)
23. FUNERAL DIRECTOR Maurice E	s signature Newnam &	Son	ADDRESS Easton, M		24a. REG	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIGNA	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAK ECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use as the buriol-transit permit. Then please femove carbon papers. Pages 1 and 1 mould be filed with the registrar prior to burial, crematian, or remayal, and in any event within 2 lours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 14408

14395

1. PLACE OF DEATH O. COUNTY IAI bot MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FAS FOAT	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS 243 Goldsborough Ave. c. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF DECEASED (Type or print) The American Middle American	Wilson 4. DATE Month Day Year 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	May 26,1877 83 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lomensker	Taylors Island, Md. U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Abbott	Elizabeth Shenton
	NFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service) None Mrs	s. Elizabeth Mears, 243 Goldsborough Ave., Camb.,
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. While Nat while	Port - Leve Alberts Austria (?) NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO NO NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED YES NO NO NOT NOT NOT NOT NOT NOT NOT NOT N
21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 28 AGC 19 GB , and that d	death accurred at 72 M, fram the causes and an the date stated above.
22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.
NAME (NORSTON HARRISON	CAUMI CAMIC
230 BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O Burial Dec 30, 1960 ADDRESS ADDRESS	23d. LOCATION (City, town, or county) (State) Market Market Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Kenneth K Thomas y 180 Rossing	DATE JAN 3 '61 Outlan & Knows

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OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

230 BURIAL, CREMATION, 216. DATE THEREOF

20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED Day, Year Haur a.m. While

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.)

(County)

Nat while at wark at wark

ATTENDING

22d. ADDRESS

(State)

saw the deceased olive on 22a. SIGNATURE

21. I certify that (1) (this haspital) oftended the deceased from, 19 6 and that death occurred at

M.D. PHYS.

.ta

DIRECTOR [

196.0 that (1) (we) last AM, fram the couses and on the date stated above

22c. PHYSICIAN'S NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

PHYS.

24. FUNERAL DIRECTOR'S SIGNATURE!

256 REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

TO FUNERAL

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